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Complete if Known 77 1 Substitute for form 1449A/PTO Application Number INFORMATION DISCLOSURE Herewith Filing Date P. Gruber STATEMENT BY APPLICANT First Named Inventor Unassigned 1619 Art Unit (use as many sheets as necessary) Unaccigned Christopher Lea **Examiner Name** Attorney Docket Number 104710-57195 (BHC051012) of 1 Sheet 1

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Examiner Initials		Document Number Number- Kind Code ² (if known	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear				
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^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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/Christopher B. Lea/

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